



County of Orange

CEO/Office of Risk Management
Building #12, Room 324
Santa Ana, CA 92701

**ADA, Title II, Public Access to Programs and Services
Complaint Form - County of Orange, CA**

Name: _____ Date: _____
(Please Print – First Name & Last Name)

Address: _____ Phone (Voice or TDD)
Home () _____
Work () _____

Designated Person to contact if I cannot be reached:

Name _____ Relationship _____ Phone () _____

Facility Location of Problem: _____

Date you experienced a problem: _____ Nature of Your Disability: _____

Please explain your concern: (e.g., Unable to get access to a program due to a physical barrier, etc.)

Please indicate a suggested remedy: (e.g., Ramp, Signs, Interpreters, TDD, etc.)

Complaint submitted: In Person, By Mail, By Telephone, By Fax, By Email
Attach copy if not submitted on this form.

Completed by: _____
Signature

Form received by _____ on _____
(Please Print both First and Last Name)

<p style="text-align: center;">INSTRUCTIONS FOR ADA, TITLE II COMPLAINT FORM PROBLEMS WITH PUBLIC ACCESS TO PROGRAMS & SERVICES</p>

Attention: If you are unable to use this complaint form because of your disability, contact the County ADA II Coordinator at 714-834-2721 or by TDD at 714-834-6113 and an alternate means of filing a complaint will be arranged.

- Name:** Print full first name then last name of person making the complaint.
- Date:** Enter the date that the form is being completed not the date that the problem was experienced if completing this on a later date.
- Address:** Enter the mailing address of the person making the complaint including zip code
Complete address is needed if response is to be made to complainant.
- Phone:** Indicate whether Voice or TDD Enter at least the day time number
- Designee:** Enter an alternate person for contact purposes if the person making the complaint does not expect to be available for contact or requires assistance.
- Relation:** Explain the designee's relationship to the complainant.
- Phone:** If the designated person's phone is a TDD please indicate above number.
- Facility**
- Location:** Enter the address of the location where the problem with public access to a program or with obtaining the services due to disability occurred.
- Date:** Enter the date that the problem occurred even if it is the same date as above.
- Disability:** Enter nature of the disability to assist in understanding the problem encountered.
- Complaint**
- Explanation:** Describe in the detail necessary to fully explain the problem(s) encountered in gaining access to or benefit of the program or service at the location: Please address all issues and use additional pages if necessary and attach to this form.
- Suggested**
- Remedy:** As the person with the disability who experienced the problem(s), your suggestions on what could be done to fix the problem are valuable and would be appreciated.
- Submitted:** This information is to assist in tracking how the complaint was received
- Received By:** To be filled out by county employee who receives this complaint form.
- On:** To be filled out by county employee who receives the form for tracking purposes.

Complaint Forms are to be submitted within 90 days of the problem occurring and may be:

- given to any receptionist or county employee at the facility location of problem
- mailed into the **Departmental ADA II Coordinator** at: (call for mailing address)
- mailed into the **County ADA II Coordinator** at 12 Civic Center Plaza, Room 324
Santa Ana, CA 92701
- faxed to **County ADA II Coordinator** at: 714-834-2989

All complaints submitted directly to **County ADA II Coordinator** will be first be forwarded to the appropriate department for resolution.